

**EPA INTERIM FORM FOR REQUESTING, APPROVING AND TRACKING
TRAVEL COMPENSATORY TIME OFF (TCTO)
 [applicable to each individual travel authorization, either single or multiple dates]**

EMPLOYEE=S NAME:	Eric M. Daly
EMPLOYEE=S EPA IMPL ID NUMBER (PeoplePlus Only)	00021336
EMPLOYEE=S ORGANIZATION	USEPA Region 02-ERRD-RPB
EMPLOYEE=S REG. SCHEDULED TOUR OF DUTY	8 Hour Tour
TRAVEL AUTHORIZATION NUMBER	
TRAVEL VOUCHER NUMBER	NFB & HTC Site Assessments

OFFICIAL TRAVEL					
DATE (one line per flight or leg of trip)	USUAL TERMINAL WAITING TIME	ADDITIONAL WAITING TIME*	ACTUAL TRAVEL TIME **	BONA FIDE MEAL PERIOD(S)	TCTO REQUESTED OR CREDITABLE
05/07/2017			8 Hours		8 Hours

* This does not include time that is available to the employee for personal use (resting, sleeping, shopping, etc.). **Time physically traveling on the plane, train, etc.

EMPLOYEE REMARKS (Attach additional page(s), if more space is needed):

EMPLOYEE CERTIFICATION: I certify that the information submitted by me in this request for credit for Compensatory Time Off is true and accurate to the best of my ability.



Signature of Employee

04/18/17
Date

SUPERVISORY REVIEW AND SPECIAL MANDATORY CONSIDERATION---OTHER COMPENSATION DISQUALIFICATION

Is the employee receiving any form of compensation for any of the time claimed in this request [overtime, overtime compensatory time off, annual premium pay (AUO, LEO availability pay, standby duty pay), holiday pay, Sunday pay, or night pay differential] even if limited in actual payment by an applicable maximum pay limit (biweekly or annual)]? Travel during hours for which the employee is not receiving regular pay, premium pay or other compensation is creditable.

YES**NO**

If yes, how much of the time claimed is compensable under another authority?

TOTAL TIME CREDITED:

(Excluding other compensable time and bona fide meal periods and expressed in hours and increments of 15 minutes.)

DATE UPON WHICH THIS CREDITED TCTO WILL EXPIRE:

[]

SUPERVISOR=S CERTIFICATION (Express time in hours and increments of 15 minutes.)

- (a). TCTO time granted preliminary approval prior to travel. [Hour(s); Minutes]
- (b). Additional TCTO time not covered by preliminary approval after travel. [Hour(s); Minutes]
- (c). TCTO time requested after preliminary approval, but disapproved (reasons attached). [Hour(s); Minutes]
- <> The following hours and minutes of TCTO are approved in final..... [Hour(s); Minutes]

REMARKS, SIGNATURE AND TITLE OF SUPERVISOR (attach separate pages if more space is needed for remarks)

Preliminary (pre-travel) Approval [local option] Date: _____

_____ <> _____
Final (post-travel) Approval Date: _____

(Final computation, certification and approval to be rendered after completion of official travel.)

U.S. ENVIRONMENTAL PROTECTION AGENCY

	EXPENDITURE OF CREDITED TCTO DERIVED FROM THIS REQUEST AND APPROVAL (Attach SF-71 to document request and approval of use)			
DATE	INITIAL BALANCE	NUMBER OF HOURS USED	NUMBER OF HOURS EARNED	NEW BALANCE
04/25/2017	77.5			77.5
05/07/2017			8	85.5

(Applicable to each individual trip)

CUMULATIVE TCTO BALANCE REFLECTING MULTIPLE TRAVEL AUTHORIZATIONS AND VOUCHERS			
TOTAL TRIPS INVOLVED	TOTAL HRS. TCTO APPROVED	TOTAL HOURS TCTO USED	TOTAL HRS. TCTO AVAILABLE

(for the convenience of a summary tally for an employee=s balance)